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REISSUE PATENT APPLICATION TRANSMITTAL												
Address to:				Attorney Docket No.			MK.	MKS = Re				
	First Named Inventor				Suzuki; Isao							
Mail S	Original Patent Number			6,318,1	6,318,171							
Commissioner for Patents P.O. Box 1450					Original Patent Issue Date			Navarrh as 20, 2004				
Alexa	(Month/Day/Year) Express Mail Label No.				November 20, 2001							
		REISSUE OF:		iviali L	EV 305060415 US							
APPLICAT	(Check appl		Utility Pa		Design Patent Plant Patent							
APPLICATI	ON ELEME	NTS (37 CFR 1.173		ACCOMPANYING APPLICATION PARTS								
		Form (PTO/SB/56) nal, and a duplicate fo	r fee processing,)		Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).						
2. Ap	plicant claims	small entity status. Se	ee 37 CFR 1.27.			11. Original Patent Grant						
	ecification and	d Claims in double col propriate)	umn copy of pat	ent format	1	Ribboned Original Patent Grant						
4. 🗸 Dra	awing(s) (prop	oosed amendments, if	appropriate)		1	Statement of Loss (PTO/SB/55)						
		eclaration (original or of (PTO/SB/51 or 52)	сору)			12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
6. Po	wer of Attorne	Э У				13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
		ent currently assigned	? 🔽 Yes [English Translation of Reissue Oath/Declaration 14. (if applicable)							
	Written Con	sent of all Assignees		15. Preliminary Amendment								
V	37 CFR 3.73 (PTO/SB/96	3(b) Statement			Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)							
	-ROM or CD-l arge table	R in duplicate, Compu		17. Other:								
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)												
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i ☐ CD-ROM (2 copies) or CD-R (2 copies); or												
c. Statements verifying identity of above copies												
18. CORRESPONDENCE ADDRESS												
20000												
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City	Boston				State	MA	Zip Code	Zip Code 02109				
				phone 61	7-535 - 4		Fax	Fax 617-535-3800				
Name (Print/Type) Jeffrey J. Miller N. A Registration No. (Attorney/Agent) 39,773												
Name (Print/Type) Jeffrey J. Miller Registration No. (Attomey/Agent) 39,773 Signature Date 11 - 20 - 03												

This collection of information is required by 37 CFR 14/3. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO This collection of information is required by 37 CPR 1973. Tradition interest a decient by the pooling which is to the carboty the option of the process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Common for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM											Docket Number (Optional) MKS Re				
Claims as Filed - Part 1															
Claims in Number Filed in						(3)		Small E				(Other than a Sm	all Entity	
Patent	Patent			Reissue plication		Number Extra		Rate		Fee			Rate	Fee	
(A) 8 Total Claims (37 CFR 1.16(j))			(B) .	20	***	. 0	=	× \$	=				x \$=	0	
(C) Independent claims (37 CFR 1.16(i))			(D)	2		0	=	×\$	=			or	x \$=	0	
Basic Fee							(37 CF	7 CFR 1.16(h)) \$					770	s 770	
Total Filing							Fee	Fee \$					OR	s 770	
Claims as Amended – Part 2															
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Independe Claims (37 (1.16(i))	s (37 CFR ***			MINUS	****		=		x \$=				x\$=		
1.10(1)/			I	!		Te	otal Additional Fee			\$		OR	\$		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Proviously Paid For" is less than 20. Write "20" in this space.															
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.															
*** After any cancellation of claims.															
**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).															
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).															
Applicant claims small entity status. See 37 CFR 1.27. See 37 CFR 1.27. See 37 CFR 1.27. The amount of the amou															
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.															
The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50 - 1133. A duplicate copy of this sheet is enclosed.															
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038. November 20, 2003															
										of Record					
49,773									Jeffrey J. Miller						
Registration Number, if applicable										• • •	Typed	or prin	ited name		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.

PENDING

In re Reissue Application of:

Suzuki: Isao

Reissue Filing Date: U.S. Patent No.

HEREWITH 6,318,171

Issue Date:

November 20, 2001

Based upon Appl. No.

09/451,927

Filing Date:

December 1, 1999

Title:

FLOW RATE SENSOR IMPLEMENTING A PLURALITY OF INNER

TUBES LOCATED WITHIN A SENSOR TUBE

Attorney's Docket No:

56231-___ (MKS-___Re)

Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Sir:

I hereby certify that the following:

- 1. Reissue patent application transmittal;
- 2. Reissue application fee transmittal form;
- Reissue application declaration and power of attorney by Isao Suzuki; (Unsugnet) 3.
- 4. Statement Under 37 CFR 3.73(b); (unsigned)
- 5.
- Assent of Assignee to Reissue; (Unsigned)
 Reissue Application (11 sheets of drawing and 6 pages of specification and claims in double 6. column copy of patent format); and
- 7. Return Receipt Postcard,

are being deposited on November 20, 2003 with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 and is addressed to Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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